

CLEVELAND CLINIC  
CCF CHAGRIN FALLS FHC  
551 E WASHINGTON ST  
CHAGRIN FALLS, OH 44022-4402  
(440) 893-9393

NAME:

DATE: 03/26/2018

MRN:

ADDRESS: Redacted - Confidential PHI  
HOME

Redacted - Confidential PII

DOB:

PRESCRIPTION: HYDROcodone-Ibuprofen  
(VICOPROFEN) 7.5-200 mg per  
tablet

REFILL: \*\*0\*\*(zero)  
AMOUNT: \*\*150 tablet\*\* (one  
hundred and fifty  
tablet)

DAW: No

SIG: Take one to two tablets every 4-6 hours as needed


START: 03/26/2018 END: 04/24/2018

Notes to Pharmacy:

DIAG: M54.12

DEA#: FB0480234

NPI#: 1699960005

  
William M Boros, MD

This prescription is printed on CMS compliant tamper-resistant paper containing the following security features:

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Rx turned away - called MD for diagnosis  
treatment plan and (a) seen dat. Also  
Patient gets other Rx's from Giant Eagle.  
MD office called Back w/ no further info  
other than "just fill it" so I advised w/ no  
information I wouldn't fill it. ~~HA~~

325769 Rev 9/05